

## **Consent of Next of Kin (NOK) for Donation of Body after Death**

I, \_\_\_\_\_ (Name of NOK) S/O \_\_\_\_\_ (Father's Name) \_\_\_\_\_ (relation), R/O \_\_\_\_\_ (Address) being the next of kin of \_\_\_\_\_ (Name of Deceased) have no objection in donating his/her mortal remains to **Department of Anatomy, Government Institute of Medical Sciences, Greater Noida** for academic and research purposes.

**Date**

**Signature:**

**Place**

**Name:**

**Mobile No.:**

**Aadhar No.:**

The above form is signed in the presence of following **witnesses:**

**1. Name:**

**Signature:**

**Address:**

**Relationship:**

**Mobile No.:**

**Aadhar No.:**

**2. Name:**

**Signature:**

**Address:**

**Relationship:**

**Mobile No.:**

**Aadhar No.:**